

BALTIMORE CITY ETHICS BOARD

626 City Hall

Baltimore, Maryland 21202

Phone: 410-396-4730 Fax: 410-396-8483

<http://www.baltimorecity.gov/Government/BoardsandCommissions/EthicsBoard.aspx>

LATE FEE: \$2/DAY

IMPORTANT:
CAREFULLY READ
ACCOMPANYING DIRECTIONS

**FINANCIAL DISCLOSURE STATEMENT
FOR
OFFICIALS AND EMPLOYEES GENERALLY**

NOTE: *Bold-italicized terms* are defined in the accompanying Financial Disclosure Directions, which should be reviewed carefully before completing this Statement.

PART A. IDENTITY OF STATEMENT MAKER

All filers:

Last Name Scott First and Middle Names Brandon M.
Principal Residence 4604 Hamilton Ave 10 Baltimore MD 21206
Residence Telephone [REDACTED]

All filers *except* candidates for elected office:

Agency (Dep't, Division, Bureau) City Council
Position with Agency Councilman District Two
Office Address 100 N. Holliday RM 525 Baltimore MD 21202
Office Telephone (410) 246-4604 Email Address: brandon.scott@baltimorecity.gov

Candidates for elected office:

Office Sought _____

PART B. TYPE OF STATEMENT/REPORTING PERIOD COVERED

All filers must check the applicable type of Statement and specify the year for which it is filed:

☒ Annual Statement ☐ Entry Statement ☐ Departure Statement ☐ Candidate's Statement

For Calendar Year 2011.

Persons filing a Departure Statement must also complete the following {see Directions at Part III(c)(2)}:

This Statement also covers the period of January 1, 20__ through ____, 20__.

PART C. RECEIPT BY ETHICS BOARD

NOTE: To be completed only by Ethics Board.

This Statement and accompanying Schedules were received for filing on 4-27-2013

[Signature]
For Board of Ethics

PART D. DISCLOSURES

1. INTERESTS IN REAL PROPERTY

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any real property (*including property purchased or leased as your or their personal residence*), whether located in or outside Baltimore City?

If you answer "yes" to any of these, complete and attach **Schedule 1**.

a. You

☐ Yes

☒ No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

☐ Yes

☒ No

c. An *attributable entity*

☐ Yes

☒ No

d. A partnership, limited liability partnership, limited liability company, or other unincorporated entity in which you, a *family member* (if you directly or indirectly controlled that *family member's interest*), or an *attributable entity* held an interest

☐ Yes

☒ No

2. INTERESTS IN BUSINESS ENTITIES

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 2**.

a. You

☐ Yes

☒ No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

☐ Yes

☒ No

c. An *attributable entity*

☐ Yes

☒ No

3. POSITIONS WITH *BUSINESS ENTITIES DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following hold an office, directorship, salaried employment, or similar position with any *business entity* that does *business with the City* {or is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 3**.

- a. You
☐ Yes ☒ No
- b. Your spouse or child
☐ Yes ☒ No
- c. Your parent or sibling (to the extent known to you)
☒ Yes ☐ No

4. GIFTS (INCLUDING TRAVEL EXPENSES) FROM *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following accept, directly or indirectly, any *significant gift* (including payment of travel expenses) from any *person* that (i) does *business with the City* {or is regulated by or lobbies before the *City*} or (ii) is an owner, partner, officer, director, trustee, employee, or agent of any *person* that does *business with the City* {or that is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 4**.

- a. You
☒ Yes ☐ No
- b. A *family member* or other *person* at your direction
☐ Yes ☒ No

5. DEBTS TO *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, were any of the following indebted to any *person* that does *business with the City* {or is regulated by or lobbies before the *City*}?

Note: The following debts need not be reported: (i) utility accounts (e.g., telephone, gas, or electric accounts); or (ii) retail credit or installment sales accounts (e.g., credit card purchases or advances; car or appliance financing through dealer or established lender).

If you answer "yes" to any of these, complete and attach **Schedule 5**.

- a. You
☐ Yes ☒ No
- b. A *family member* (if you were involved in the transaction giving rise to the debt)
☐ Yes ☒ No

6. FAMILY MEMBERS EMPLOYED BY CITY

During the *reporting period* covered by this Statement, were any of the following employed by the *City*?

If you answer "yes" to any of these, complete and attach **Schedule 6**.

a. Your spouse or child

☐ Yes

☒ No

b. Your parent or sibling

☐ Yes

☒ No

7. OTHER SOURCES OF EARNED INCOME

During the *reporting period* covered by this Statement, were any of the following (i) a compensated employee of someone other than the *City*; (ii) an owner (sole or partial) of a *business entity*; or (iii) a recipient of earned income from a *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 7**.

a. You

☐ Yes

☒ No

b. Your spouse or child

☐ Yes

☒ No

8. ADDITIONAL INFORMATION

Is there any other interest or information that you would like to disclose?

If you answer "yes", complete and attach **Schedule 8**.

☐ Yes

☒ No

PART E. SIGNATURE AND AFFIRMATION

I, Brandon M. Scott, solemnly affirm under the penalties of perjury that the contents of this Statement and of all accompanying Schedules are true to the best of my knowledge, information, and belief.

[Signature]
(Signature)

PART F. NOTARIZATION

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I CERTIFY that, on this 27th day of April, 2012, before me, a Notary Public in and for the City/County of Baltimore, personally appeared Brandon M. Scott, who acknowledged that this Statement, the accompanying Schedules, and the preceding Affirmation were all his/her act.

AS WITNESS, my hand and Notarial Seal:

[Signature]
(Notary Public)

My Commission Expires: 9-30-15

make additional copies of this Schedule.

1. IDENTITY OF BUSINESS ENTITY

Name: Coddings Co Inc.
Address of Principal Office: 4409 Towanda Ave Baltimore, MD 21215

2. HOLDER OF POSITION

Name: Alvin Scott
Relationship to Statement Maker:
____ Self ____ Spouse ____ Child ☒ Parent ____ Sibling
Address: 4407 Kennison Ave Baltimore MD 21215

3. NATURE OF POSITION

Title: HVAC Supervisor
Date Started: 6-1997
General Duties: Supervises all jobs and employees, Design HVAC Heating and cooling systems

4. AGENCIES WITH WHICH BUSINESS ENTITY DOES BUSINESS

Identify each agency of the *City* with which *business entity* does business and, as to each, the nature of that business (specifying, at a minimum, whether the *business entity* (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (ii) is a lobbyist with respect to matters before the agency):

De-Idt (Stn) Co, Heating, MWD

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the significant gift was given.

Name: Leigh Monleys Field Entertainment Inc.
Address: 8609 Westwood Center Drive Vienna VA 22182

2. RECIPIENT OF GIFT

Name: Brendon Scott
Relationship to Statement Maker:
☒ Self ☐ Family member or other person, at your direction
Address: 21614 Hilltop Ave 10 Beltsville MD 21206

3. NATURE OF GIFT

Describe gift: Four tickets to Redskins at home Division City
Retail value when received: \$240

4. TRAVEL EXPENSES

If the gift entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by Person Identified in Section 1: \$ _____